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CHILD

1952



WHAT ABOUT THE AGGRESSIVE CHILD?

GEORGE E. GARDNER, Ph.D., M.D.

BY WAY OF definition let us merely say that the aggressive child is the youngster who does a lot of attacking. This "attacking" is usually mild physical attacking, with hands, feet, fingers, and thumbs, and all the extensions that he can add to them in the form of bothersome or painful gadgets.

A child's aggression may, however, take the form of moods, such as moroseness, uncommunicativeness, pouting, anger. Or it may exhibit itself in words—choice and fancy words, sharp, cutting, or impolite words.

Whatever one of these media of expression he uses, he is attacking someone; and if this type of behavior becomes a pattern, repeated over and over again, we say he is an "aggressive child."

I am not urging anyone to ignore the aggressive child as a harmless youngster who will, if you ignore him, necessarily outgrow his annoying behavior. For he may not outgrow it, and then he will get into real difficulties. But rather, I would say, let us examine the aggressive type of behavior to see if we can better understand what the child is trying to do through his aggression (in fact what he has to do if he is to develop normally).

A baby is born with aggressive impulses—a tendency toward aggression. This tendency, even if it isn't always "good," acts, in the long run, to serve his best interests.



I would like to emphasize the value of aggression as an ingredient of any child's personality and to consider certain aspects of normal aggression that particularly plague us, and, in turn, to consider the aspects that signal to us that we must get help for the child in order to insure his future adjustment, efficiency, and happiness.

Aggressive behavior normal

I believe that every human being—in fact all living tissue—is basically aggressive toward its environment—whether the environment of things or of people. It is through acts that are aggressive (in the sense of seizing and devouring) that we are able to sustain ourselves at all by means of our food. And once the food is within us, we can utilize it for heat production, body repair, and growth only through "destroying" it by means of chemical changes.

Our sensory and motor systems enable us to accomplish this aggressive "attack" on our food. Thus is evident a biological pattern of behavior that enables us to understand a lot of the behavior of human beings, though the element of aggressiveness may be very well covered up, and seemingly absent. So I maintain that the child is aggressive by natural endowment. He is motivated by an "instinct of aggression."

I want to show you, first, that this behavior we call aggressive is inevitable, because we are born with such a tendency; and even if it isn't always "good," it is, in the long run, active in serving our best interests.

For what kind of world would we have if we had no aggressive impulses at all? If we lost the impulse to destroy, to possess, to be aggressively curious about, to explore in the face of frustration and obstacles, to master the physical environment about us, not only would we have uninteresting, uninformed, and uninformative people; we probably would have no people at all—and no life. This is a difficult notion for us to accept just after we have seen the hideous results brought on by a war motivated by the very same impulse. But the thesis seems to be correct.

This consideration of both the good and the bad aspects of the aggressive impulse—whether seen in the light of individual behavior, or of social group behavior, or of the behavior of nations—impels us to try to differentiate between the type of aggression we can reasonably and morally denounce as harmful and the type we can sensibly and even enthusiastically endorse. What kind of differentiation is there? Can it be applied in the care and treatment of children?

The most fruitful differentiation that we can make is that although at first the child's aggressive behavior aims at destruction or elimination of something, the destructive aspects of aggression can be minimized under our influence, and the constructive aspects brought to the fore. Our natural biological reservoir of aggressive energy cannot be drained off, nor can it be dammed up and not expressed at all. But the great bulk of it (we hope all) can be deflected into channels that will demonstrate the child's control of himself, and that will express his mastery (in the good sense of the word) of the world about him.

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Accomplishment of this deflection of the aggressive impulse seems to me to be the child's main task in his development, and we must aid him in this task. There may be other developmental tasks that are important, but this one seems to me to overshadow them all. And all parents, I believe, who have observed their children carefully as they pass through various stages in development will agree that the child's ever increasing power to control his aggressive tendencies toward his parents, his brothers and sisters, and his playmates is the most remarkable feature in his behavioral growth. And nothing is more alarming than to find that this expected control of aggression is not taking place and that the child at times seems overwhelmed by his infantile aggressive impulses.

Two important changes

First, let us consider the nature of the change that must take place in the way the child expresses aggression as he develops and, secondly, let us examine the best setting in which such a necessary change can take place. This setting, of course, is primarily the family. We do not know how these changes take place—at least in minute cause-and-effect detail. We only know enough to cite the conditions that must exist in order to bring out these changes.

1. In the first place, as the child gets older he must modify the aim of his aggression. At first, and for a number of years in early childhood his aggression is aimed primarily at destroying, eliminating, breaking up, mutilating, the body or possessions of another person. But gradually he replaces this aim by socially acceptable aims, which merely symbolize such destruction. The fantasied soldiers, cowboys, gangsters, Indians, and supermen of the extremely aggressive stage between 5 or 6 years and 10 or 11 years are examples of this partial modification of the child's destructive aims through fantasy and indicate a stage in his learning to control aggression. We must recognize this phase for what it is and not hastily conclude that it is either wrong or abnormal. Only if this stage

is prolonged into adolescence should it worry us.

Coupled with this change in the direction of more fantasy and less harmful intention, the child increases his aim to "master" (not harm or kill) the other person in the environment—to try to make him or her do his bidding. He tries harder to overcome the frustrations and blocks and limitations placed in his way by persons and even by nature; that is, by gravity, physical ability, size, and so forth. In short, a desire for mastery of the world and its occupants replaces the aim to destroy or damage them; and herein we discover the elements of constructive and worthwhile aggression.

2. An equally important change in the character of aggressive behavior in children, which should take place in the early years, is the gradual "impersonalization" of the object against which the child is hostile or aggressive. In the earlier years the child directs his aggression against the people about him—his parents, or his brothers, sisters, playmates. But just as the aim of aggression changes from destruction to mastery, so also does the object of these aims change from persons to things. A frustrating thing, event, or set of circumstances gradually replaces a person as the object of aggression, and though the acts of aggression are in earliest years minor and imperfectly carried out, later they can lead to the most constructive alterations or contributions—individual and social—that we can make.

When the aim of the child's aggression shifts away from persons it must be redirected, not only away from parents and brothers and sisters, but also away from playmates and schoolmates, and groups of people who differ from the child in race, religion, or economic standing.

An adult who forever remains a child in this aspect of his development

will always need a person or a group of persons against which to hurl his hostility. Such aggression (in this form or guise we call it prejudice) is really a continuation of the child's battle against others than the hated group, and is in reality a sham battle against a feared or suspected enemy of very earliest years.

Now it is important for us to examine how this orderly and much-wished-for development takes place at all, in order that we may prevent unfortunate deviations, blocks, or delays in the development of our children as they endeavor to control and use their aggressive impulses.

As I said before, we don't know the detailed "how" of the process, but we have a fairly definite idea of the only setting in which the child will be able to develop along these lines. We recognize, in the light of repeated case histories and of intensive studies of children at all levels of development, that primitive aggressive responses can be modified in the manner outlined here only when the child senses he is not in danger.

Feeling of security needed

If the infant (or even the school child or the adolescent) senses a feeling of hostility, rejection, lack of love or interest on the part of the most important people in his environment (his parents), the destructive aspects of aggression and those directed against people are called forth, and the expected modification (toward impersonalization and constructive mastery) will not take place.

Actual or implied threats of abandonment or desertion by either or both parents, bodily harm, and corporal punishment will not only tend to block the development of the child in this area, but will even tend to undo the advances already made. In the latter case, destructive-aggressive acts directed against actual persons result.

Thus, the unwanted type of aggression is seen to arise when the child's anxiety (or sense of danger) is aroused by impending insecurity.

Paradoxically enough (and it is a paradox puzzling to all students of child development and behavior), the

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Occasional scraps, fist fights, and shovings around are part of youngsters' normal behavior.

more primitive type of aggression (against persons) cannot be given up—nor can the nonpersonal type be given expression to—except in a family environment that makes the child feel secure. The danger that hostile feelings may replace secure relations with his parents makes for an anxiety that can allow him only a repetition of the older protective aggressive responses and that inhibits all attempts at newer types of response. In short, learning and development cease in such a milieu.

These, then, seem to be the steps that the child is confronted with in his attempts to gain control of his aggressive instinct and obtain a socially satisfactory expression of it. (I have emphasized the home setting necessary for carrying out this task in development.)

Before passing to a discussion of the types of aggression, good and bad, that we encounter in children, I would emphasize, too, control of aggression is a continually reappearing task, which we ourselves have to regain each day in our relations with other people. We have continually to modify our aggressive wishes toward others so that these wishes are not harmful to their person or character, and repeatedly we have to find new outlets of a nonpersonal nature—

things, good causes, social ills—for our aggression.

Particularly in relation to our children in their most "pestiferous" moments, do we have to modify in our outward deed and word the aggressive impulses that their behavior toward our persons, our possessions, our property, and our edicts may bring forth.

Why does a child act like that?

Let us consider now what are the various purposes for which an aggressive act is used by children. In the light of some of the meanings and purposes of this behavior, we may be the better able to cope with it when it arises. (Understanding an act, unfortunately, doesn't always call forth immediately an infallible method for dealing with it—but it does help us guide our own behavior in relation to it.)

1. Aggression as attention-getting. With a young child the very appearance of the parent or other adult may be a signal for him to become aggressive toward his brother or sister—or even toward an adult in the group. It is obvious that such behavior is an attempt to gain and hold, exclusively, the attention of the adults present. It is as if the child were threatened by the presence of

another child, in that the other might draw unto himself the love and attention that the aggressive child feels he must have. Hence, the aggression is but a thinly disguised attempt to eliminate the other child from competition. Also, unfortunately, many times the child has in some way learned that a show of aggression or "fighting spirit" is not only condoned by the parent, but is in fact encouraged as a sign of accomplishment—an indicator of masculinity, a badge of courage. Thus the child immediately starts his aggressive, attention-getting act when the adult appears.

2. Aggression to demonstrate superiority. Closely allied to this first type of aggression is the type that is designed primarily to demonstrate a child's superiority over others in the group. This type of hostility is seen in younger children, and it is not unusual for a child to try it in the family group. The aggressive child may be unable to obtain the satisfaction of being loved and wanted, through his usual behavior; hence he has to gain this satisfaction by impressing the adults with his physical superiority. Children who are inferior physically, owing to slow development, or handicaps, will tend to be aggressive toward younger, smaller children in order to gain actual or fantasied recognition.

3. Protective or defensive aggression. A child who has been hurt physically or emotionally, or one who fears that he may be about to be hurt in either of these ways, will sometimes become very aggressive as a defensive measure. This is "counteraggression" and is the response to actual or threatened frustration. Here again the aggression used in "defense" can be directed at persons, or it can be of the more mature, nonpersonal type. Many child psychiatrists and child psychologists stress counteraggression, as a response to some frustration, almost to the exclusion of all other types.

4. Inverted aggression. There are times when the child directs his aggression not against the outside world, but against himself. We say his aggression is "inverted." Here the child seems to wish unconsciously

to punish himself for misdeeds for which he feels guilty. Two examples will illustrate this:

(a) In a temper tantrum the child in frenzied fashion is violently aggressive toward himself, with blows and banging of his head and body on the floor. His aggression, usually aroused as a response to some persistent frustration in the environment, is expressed both against the outside world and against himself at the same time.

(b) Another and much more subtle way in which a child (and often an adult) inverts his aggression and directs it against his own body is seen in the "accident-prone" child. Some children so repeatedly get hurt, or get themselves into positions where it is inevitable that they be hurt, that we recognize in such children a strong unconscious drive to punish themselves—to cut and bang and scrape themselves as if there were an unconscious compelling force (such as guilt) making them do it. Analysis usually shows that the child feels a strong need for punishment, and he is fulfilling this need by allowing harm—physical harm—to come to him.

5. Punishment-inviting aggression. A more common variant of this type of aggression toward the self is use of aggressive behavior to invite punishment by the parent. In other words, the child may feel guilty on account of some wrongdoing that has not been found out, and for which he has not been punished as he feels he should be.

Such a child may engage in open and perhaps very serious aggressive acts in order that he may be punished by the parent for them—this punishment in turn resolving his feeling of guilt and need for punishment for the aggression, and for the undetected evil-doing as well.

This mechanism is seen at work quite frequently in delinquent boys and girls who engage in delinquent acts again and again, until getting caught and being punished makes them feel better. Many accurately predict their future detection and punishment by the police and courts.

Such boys and girls are seeking punishment by their aggressive acts for some other crime or wrongdoing they dimly think they have committed, and they will continue to do this until they receive help and attain insight concerning their own unsuspected drives. (Such observations in children give us pause as we ponder whether "To punish or not to punish" when we are confronted with childhood misdemeanors in our own children.)

6. Aggression arising from a fantasied accelerated development. Particularly in adolescence, some children are prone to become increasingly aggressive toward their parents—or toward all people who stand in the position of parents, plus those who stand for authority in general. Such aggression may spring from a fantasied maturity—a spurious and unreal assumption of an adult status which often is a temporary phase in adolescent growth. Here the child determines to free himself prematurely from the dependency status of childhood and he uses aggressive acts of an adult nature to prove his maturity.

7. Aggressive devaluation. Allied to this type of adolescent response is the tendency on the part of the youngster to devalue aggressively all the supposedly good points and attributes of the parent and the parent's world. Such devaluation may

exhibit itself in nonconforming acts, but it is just as often expressed in aggression through words. "And all this," the parent thinks, "after I have tried for some 12 or 15 years to help the child modify his aggressions! Now he turns it on me, myself!"

8. Educative aggression. Finally, there is that portion of our great store of aggression that is used in furthering the learning process—in education. We are not quite sure yet wherein, or at what point, or by what means aggression is used in the learning process, but it is of great importance.

We know that to be stimulated to learn—to find out—to be curious about—one must act aggressively toward one's environment. Knowledge must be "dug out" through sustained self-application and aggressive attacks on problems, for it never accrues to the passive, inert child who sits back to be fed some information.

You will remember the paradox I cited before, wherein it seems that destructive aggression cannot be given up, nor can constructive (educative or learning) aggression be expressed except when the child feels secure, wanted, and loved. And we must have this constructive aggression—this ability and freedom to try new habits, words, ideas, subjects, professions—if education and growth

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Children who have a secure, loving relationship with their parents are the ones who feel free to express constructive aggression in the sense of learning new habits, words, ideas.



COOPERATION IN RESEARCH ABOUT CHILDREN

Children's Bureau Clearinghouse
keeps research workers
abreast of current projects

IN PEDIATRIC clinics, juvenile courts, nursery schools, universities — wherever people are concerned with children — research workers are trying to discover knowledge which parents and professional workers can use to promote the well-being of children. Individuals and groups are studying such widely varying subjects as adoption practices, infant feeding, racial prejudice in children, birth histories of children who develop cerebral palsy, sudden deaths of apparently healthy infants. Making these studies are pediatricians, nutritionists, probation officers, educators, social workers, psychologists, and many other representatives of the numerous professions that are concerned with helping children to achieve healthier and happier lives.

Many research projects take months or even years; and then more months or years may intervene before the results are available in professional publications. Some research workers have felt that their own work might be modified and made more effective in the light of the experience and preliminary results of others working on similar problems.

Moreover, during the past decades it has become increasingly clear that all aspects of a child's life—his home and school environment, his physique,

his personality and behavior—are interrelated. Therefore, it has become recognized that a worker doing research on any restricted aspect of the child's life needs to be aware of the relationship of his study to other studies.

As a result of these considerations, research workers recognized the need for a center where they could find out what studies others were engaged in, both in their own field and in related fields.

Professional organizations, as well as individual workers, began to request that the Children's Bureau establish a systematic way of keeping research workers informed of current projects as they are planned and as they develop.

Clearinghouse established

About 4 years ago the Bureau called together representatives of various professions concerned with research on children, to review what was going on in research in child life, and to consider ways in which needed research could be stimulated. As a result of the recommendations made

RESEARCH relating to CHILDREN

an inventory of studies in progress

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at these conferences the Clearinghouse was established in the fall of 1948. Since then the main work of the Clearinghouse has been preparation of inventories of current research related to children.

As the first step in preparing such an inventory, the Clearinghouse canvasses scientific investigators, requesting brief information on any research they are doing that is directly related to children (from the prenatal period to 18 years of age).

The basic information requested relates to the purpose of the study, the research design, and the sampling.

In addition, the investigator is requested to state his plans for publication of the study and indicate whether the research represents work toward an academic degree.

Up to the present, the Clearinghouse has published one bulletin, with five supplements, representing nearly 3,500 projects. These publications are available to individuals and organiza-

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SOCIAL CASE WORK HELPS DISPLACED FAMILIES

ROSE E. DRAPKIN

EVEN THOUGH years have passed since World War II uprooted so many European families, displaced children are still coming to the United States to find new homes.

Some have no parents, and enter as "eligible displaced orphans," as they are called in the Displaced Persons Act of 1948 (amended in 1950). Many more have come with their families, for the act permits a displaced person who is eligible for admission to bring his or her spouse and unmarried children under 21, if they are otherwise eligible for admission.

These children, especially the older ones, have been through devastating experiences. Many, it is true, were born after the worst was over. But all have lived under conditions that are likely to bring on later emotional disturbances. For even the children who are fortunate enough to have their parents may suffer from the family's displacement and from a belief that their parents feel insecure.

When such children arrive in our country, their feelings of insecurity are likely to be intensified rather than lessened. But at this point much can be done for them by a social agency that understands what the experience of displacement, immigration, and resettlement can mean to children, as well as to grown people, and is prepared to help with the necessary adjustments.

One such agency, which offers a complete program to help the foreign-born integrate themselves into American life, is called United Service for New Americans. It was formed in 1946 through consolidation of the National Refugee Service and the Na-

tional Service to Foreign Born (of the National Council of Jewish Women). One branch of its program consists of specialized services for children.

When social case-work services are needed to help individuals and families adjust to their new surroundings the agency provides such services.

Everything about the immigration of a family naturally affects the children. But the problems of children who are unattached—those who come alone to the United States—are more difficult. Obviously, the process of admitting the child legally to this country cannot provide for the planning that is needed when a child is to be placed in a new home.

When their hopes are dashed

Many of these children come to relatives whom they do not know. And expectations and fantasies that the children have developed in anticipation of the family life they hope for may bring disappointment. The relative, on his part, may also be disappointed in the newly arrived child. An aunt or a cousin may resent the fact that the child, unhappy as a result of his disappointment, is unresponsive, ungrateful, and uncooperative. The child then feels that he is misunderstood. Because he has recently experienced shock, violence, and uprooting, he especially needs a family; he needs to belong to a home. His need may express itself in an apparently unreasonable demand for the complete love and attention of the person who made his coming possible. This person usually is a woman, who is taking the place of his lost mother.

One boy, 15 years old, who came alone because he was the only survivor of his family, was taken to the home of an aunt who had several children of her own. The aunt, a warm,

understanding woman, made every effort to make him feel part of the family. But the boy had such an intense need for attention and affection that he resented having to share his newly found "mother" with her own children; and his resentment made him behave in an undesirable way. He sought attention outside the home, and on his own initiative found just what he needed—a satisfactory mother substitute in a neighbor, a childless woman who became very fond of him. She gave him undivided attention, so that his intense needs were met. Staff members of the agency that was interested in his adjustment studied the situation carefully and decided that a change of homes would be helpful to him. And so they arranged for him to be placed for foster care in the home of the neighbor with whom he got along so well.

As with other immigrants, social aspects of immigration and of becoming part of a different culture create problems for displaced persons. Children as a rule become part of the new society more easily than their parents do. Often a conflict arises between parents and children because the mother and father retain the customs of the "old country," and the youngsters want to follow the ways of those with whom they play and go to school or to work.

These problems of adjustment between the older and younger generations are about the same whether the immigrants came before World War I or after World War II. In spite of the excellent work done through the years by various agencies developed to help the immigrant, their services cannot reach all those who need such services. The agencies help some families and individuals at the beginning of their difficulties, when it

is relatively easier to solve their legal and economic problems and to prevent problems from developing.

The parents in a displaced family, recently arrived, came to our agency for help with their 14-year-old son; they were much disturbed about him. He refused to obey them, threatened to leave home, and began to stay away from school.

When our worker came to understand the family situation, she realized that the boy resented the fact that his friends in school were allowed privileges that he did not have. His parents pointed out that boys in the old country did not have these privileges.

For mutual understanding

Our worker was able to help the parents understand what activities 14-year-old boys in this country take for granted and are allowed to carry on. At the same time, she helped the boy to understand why his parents could not follow so easily as he did the customs of the new society and therefore did not think them suitable for him. In a comparatively short time the relations between the boy and his mother and father improved and also the boy's attitude toward school, and with it his attendance.

A widow and her two little boys went through a similar difficulty. The husband and father had been killed by the Nazis. The mother escaped death by fleeing from their home with her two baby sons and hiding in the woods. There, in the open, they managed to keep alive for several years under unbelievably hard conditions. The mother even managed to teach the two little boys to shake their heads instead of crying, for the three had to be very quiet; an outcry from the children might mean capture and death.

Miraculously, the mother and children lived through their ordeal and finally reached the United States. The boys were 6 and 8 years of age and the mother 41 when they came to the agency. The mother, timid and frightened, was completely confused by the new conditions of life. She had not made friends and was not trying



Little Hannelore and her parents arrived in the United States about 6 months ago. They were sponsored by the director of a religious organization, and are now living on a farm.

to learn the new language that she needed so much.

The children, meanwhile, were adopting the ways of their new country very quickly; they were soon able to express themselves almost entirely in English. They made friends in their neighborhood and became preoccupied with them, wanting to be out of the house much of the time. The mother feared that her sons were becoming estranged from her because of their new interests. She sought the worker's help in holding her children close to her. The worker encouraged her to change her attitude toward the new surroundings and to take an active part in it by learning English and making friends. That would help her to keep pace with her children's adaptation to their new home and to break with the sad memories of the past.

ROSE E. DRAPKIN has based this article on a paper that she gave at the seventysixth annual meeting of the National Conference of Social Work. At the time she wrote the paper Miss Drapkin was Director of the Family Service Department of United Service for New Americans; this department is now part of the New York [City] Association for New Americans.

The mother discovered in herself the adaptability she needed, and she began to take advantage of the worker's help and to use it. She came to appreciate the value of her sons' new friendships and to try to follow their lead in entering more fully into neighborhood life.

The struggle of the immigrant breadwinner to find his place in the economic structure here affects the children in the family as intensely as the struggle between Old-World and New-World customs. Vocationally, immigrant workers are a minority group—like others against whom prejudice is directed. They are quickly affected by any downward trend in the labor market.

Most of these newcomers who are the heads of families expect to become wage earners as soon as they arrive; failure may make these parents feel inadequate. If the difficulty is marked enough, it may affect the children's feelings about their father's role in the family. These discouraged immigrants may fear that a community that is helping to support them may begin to disapprove of them, expecting them to become independent quickly.

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Our agency receives quite a few letters complaining about displaced persons' receiving relief, and hinting that the d. p.'s have undisclosed financial resources. Usually these complaints are unfounded. Quite commonly the letter writers say that *they* came here years ago as immigrants and made their way successfully without assistance.

Helping the community understand the conditions from which the displaced persons come and the need of some of them for assistance is an exceedingly important part of our work for these people.

Parents and children in immigrant families have to make other major adjustments to social institutions in the United States—to schools, to recreational services, to hospitals, to adult-education classes, and to offices of various kinds. For some families, using these strange services brings on anxiety. Other families coming into contact with the services build up aims that are unreachable. The urge to make up for lost years may express itself in a drive to achieve results that are beyond their own potentialities to achieve or beyond the limits of our agency's policy to help them with.

They break with their past

Immigration is a distinctly personal experience to the newcomer as well as an experience that may have legal, social, and economic complications. It affects children greatly because their feelings of security depend so much on their belief that their parents feel safe and secure. To many parents the radical changes brought about by immigration mean losing the old sources of personal support such as past associations, the customs of many generations of their ancestors, their own language as the common means of communication. And they find that new sources of such support are not easily found.

How are we answering the questions: What kind of help does the immigrant family need? What kind of help will benefit the parents and children and, because it helps them find their places among other parents and

children, will benefit the community also?

Our planning of such a program of services must be affected by a number of limiting factors.

First, services to immigrant families are bound to be costly because these families have many needs that cost money to fulfill—a place to live, furniture, clothing, medical, dental care, vocational training. Inadequate financing is the main limiting factor. Community attitudes come into this because on these attitudes depends the amount of financial support.

Second in seriousness is that the demands on the service cannot be controlled by the agency. A sudden influx of immigrants strains the staff and the physical facilities of the agency. The staff cannot be enlarged easily to meet these temporary requirements because the number of case workers experienced in serving immigrants is limited. This shortage of specialized case workers makes it difficult even to get an adequate staff of qualified case workers for a normal amount of service between peaks of arrival. The workers cannot serve a large number of clients at one time because the work with each family is intensive.

The movement of peoples from one country to another has been accepted in history as a normal process. A difference between the early and the

current immigration to this country is that the earlier immigrant usually came by choice, but the later immigrant was forcibly set adrift from his moorings.

The choice of the early immigrant sometimes was made reluctantly, as a result of hardships—religious, economic, social, political—but it was a choice freely made. The refugee families who left Germany during the rise of Hitler's power had some element of choice in their going. Foreseeing events to come, they were able to escape the unspeakable experience of slave labor and concentration camps, the constant threat of extermination, or death itself. They could keep their families together and save enough to start afresh in a different country.

A new group of immigrants

The second wave of immigration, caused by World War II, stands in vivid contrast to the previous one. The individuals and families were survivors of concentration camps and camps for persons taken from their homes for slave labor or other reasons connected with the war. They were admitted to this country beginning with 1946 under a directive issued by President Truman, and later under the Displaced Persons Act. There is no need for me to dwell on the facts of their suffering, already well known

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Waiting to go to America, displaced persons may build higher hopes than can be fulfilled.



YOUTH AND ADULTS IN 50-50 PARTNERSHIP

Join in planning and carrying out community activities

MRS. HIRAM COLE HOUGHTON

IN NEARLY 3,000 cities and towns all over the United States, young people and adults are jointly planning and carrying out community activities as part of a program sponsored by the General Federation of Women's Clubs.

The Federation launched its program of youth-adult partnership on December 7, 1950, the same day that the Midcentury White House Conference recommended "that progressive opportunities should be provided for young people to participate vitally in community activities and planning in order that they may have early preparation and experience for leadership and community service. . . ."

As a step toward providing such opportunities to youth, the Federation invited each of its member clubs to set up a project on which adults and youth would share responsibility in meeting one or more community needs.

"Build Freedom With Youth" the program was named because the Federation believes that giving young people a chance to work with adults for their community is one way of helping them learn to cherish the freedom of our way of life.

In the past we have all seen many projects for community betterment in which youth took part. Most such projects are led by adults; they take full responsibility; and the boys and girls who take part are only allowed to be helpers. In the General Federation projects, on the other hand, the young people share the responsibility with the adults—not only for carrying out the project, but for planning it.

The value of a community project as a means of youth development, according to our criteria, is determined by (1) the extent of youth participation, (2) the importance of the project to the community welfare, and

(3) the number of adult groups and individuals that cooperate.

And what are the projects like?

In Waldo, Ark., the young people voted that they most wanted to get rid of the dust in their town. And they campaigned for private contributions that paid for paving the streets. Afterward they joined with the grown-ups in cleaning the town,

The youth-adult partners also set up a library, using as a library building a store that was offered by its owner for that purpose.

Everybody joined in building shelves, painting them, putting up books (borrowed from the county library through bookmobile service), and soliciting additional books from the townspeople.



At the Midcentury White House Conference on Children and Youth, held in December 1950, about 500 young delegates like these joined in adopting a resolution urging that youth should be provided with opportunities "to participate vitally in community activities and planning."

even the vacant lots. The young people obtained seedling pines from the Soil Conservation office, and every school child—as well as many adults—planted his own tree, which bears his name.

MRS. HIRAM COLE HOUGHTON is President of the General Federation of Women's Clubs, which has an international membership of some ten million women. Mrs. Houghton is a graduate of Wellesley College, and she has been granted two honorary degrees: Doctor of Laws (Coe College, Iowa) and Doctor of Humanities (Tarkio College, Mo.). She is a vice president of the National Society for Crippled Children and Adults, Inc.

Now members of the youth-adult group serve as volunteer librarians and they take books and magazines to hospital patients and to shut-ins.

These are only a few of the activities through which the adults and young people of Waldo are benefiting the community.

Adults and young people together made a survey of the needs of their community, Panama City, Fla. They worked out a city-wide recreation and

(Continued on page 157)

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AGGRESSIVE CHILD

(Continued from page 149)

are to take place at all! Hence, the, very small child cannot reach out, attack, and possess or express the new habit, the new word, the new game unless he is so secure in his relationship with his parents that he does not feel it necessary to cling to and repeat endlessly the same responses day after day.

It seems, too, in clinical and educational work with some older children who, though they may have superior intelligence, are blocked educationally—it seems as if their passivity and inertia were due to a recurrent feeling of insecurity that did not allow them to put forth the aggression (on our report cards we call it "Effort") required in learning new things. As I have said, this relationship between aggression and learning has not yet been explored to the point where we can tell exactly what is going on, but we see enough to know that it is an important relationship.

Three guides offered

Perhaps I have outlined sufficiently the problems that you and I face when we are confronted by an aggressive child. At least I hope that the complexity of this problem in any child is clear. Presumably we would like to have some definite hard and fast rules for dealing with the aggressive child, but unfortunately we do not have them. However, I can cite three general rules:

1. In the first place, the individual aggressive child must be studied carefully by the parent to see if it is possible to find out what the aggression means to the child himself—to get at what unexpressed purpose it is serving. Such meanings in their subtleties will vary with the child, and it will tax your ingenuity to determine what they are. However, a discovery of the possible true meaning places you more than halfway toward application of a successful treatment.

2. Neither planned rigidity nor planned freedom of expression will solve the problem of the aggressive child. In other words, you can't just

stamp out aggressive tendencies by rigid repression and repeated punishments—nor can you expect that freedom from all restraint, and license to express aggression whenever the child wishes, will make for cessation of such acts. Both general plans will merely bring on more aggressive acts.

3. An excellent rule to follow in the presence of the aggressive child is not to respond to the child's aggression with aggression on your part. Aggression (or the threat of it) begets aggression.

Finally, I would not be doing my duty as a psychiatrist if I did not cite for your help the types of expression of aggression that should suggest that the child needs psychiatric help.

- (a) A child should not be allowed to express aggression in acts that are harmful to the body of another youngster. I mean by this not occasional scraps or fist fights and shovings around, but deliberate, unprovoked infliction of pain through mutilative acts, cutting, scraping, the use of sharp sticks, and so forth. A child who persists in such acts should be seen by a psychiatrist.

- (b) Children (I am speaking of boys here) who persist in harmful aggressive acts against persons or animals up to and into the adolescent years—that is, to 13 years—need psychiatric help. Inability to gain control of the mutilative destructive aspects of aggression in the early years can make for serious trouble if it becomes linked to the expression of the sexual drive in adolescence.

Most parents succeed

In conclusion, I am happy to say that, fortunately for all of us, 99 percent or more of children pass through the various developmental phases in the control of their aggressive instincts without trouble, and they arrive at adulthood with fairly numerous, diverse, and socially worthwhile means of expressing these instincts. In spite of all you hear to the contrary, it seems to me that this fact speaks well for the good intentions, the hard work, and the great skill of the parents who do this grand job of child care!

Reprints in about 6 weeks

DISPLACED FAMILIES

(Continued from page 153)

—nor the effect of violence and indignity on them as persons. I should like to stress instead the fact that so many of them, with or without help, have been able to marshal their native resourcefulness and make a good adjustment to new surroundings. But I must speak of the many others whose identification with the past cannot be broken and who need intensive help in order to make even a minimum adjustment.

These clients, when they seek our assistance, present many needs, some immediate and some future. The head of a family is as much concerned about the problems of his home life as he is about whether he can get and hold a job in order to fulfill his responsibility as the chief breadwinner.

We help him to take his share of responsibility for stating his need and his eligibility for help. Gradually he learns to exercise again his capacity for making decisions; even to express his own choice, without fear. He begins to lose his dread of taking help, at least with the difficulties in his situation that he cannot handle alone.

Agency fosters clients' self-confidence

The client and the worker come to an agreement that the client needs the service of the agency and that he will work with the agency on his need with a clearly understood purpose and in accordance with the policy of the agency and the services we make available. After that the worker helps him focus on a continuing contact with the agency as long as he needs it.

Many native-born Americans (even those whose immediate forebears came to this country as immigrants) think that the immigrant families of today should be given only a preliminary kind of help, perhaps as the ship docks, and that afterward the families can take care of themselves, in spite of the rush of bewildering events, many of which turn out wrong because the newcomers misunderstand them. Some of those who dis-

believe in immigration services may have arrived at this conviction after careful thought, and others may be forced into this conclusion by the limiting factors I have mentioned—the lack of funds to support all the services that seem desirable or the lack of qualified social case workers that makes a rationing of them necessary.

I, myself, am convinced that it is highly desirable for communities to help immigrant families make a good adjustment to their new surroundings. We know what uprooting can mean and why these families have been uprooted. And when we open our gates to allow the families to come here we take on a responsibility as a people to make them know of our desire to help them find normal living here.

In every phase of social work we are emphasizing more and more the preventive aspects of mental hygiene. I can think of no better service to emphasize it in than work for newly arrived families whose lives have been filled with the terrors that may wreck the human spirit; who have withstood such terrific hardships that a new onslaught of difficulties, though of lesser degree, may be the last straw. Unfortunately, little of our knowledge of preventive mental hygiene, of how to strengthen mental and emotional health, has yet been applied to the field of immigration service. Communities could profit financially and in the preservation of human resources by investing in such a program.

In presenting the difficulties that confront displaced families on their arrival here, and the factors that limit the kind of program we set up to help them, I do not wish to imply that the obstacles to success are unsurmountable. I want, instead, to show that we must understand these difficulties if we are to prevent them or to deal with them after they have happened. Today's immigrants to our shores have an amazing reservoir of strength and an unusual drive to achieve the life they want for themselves and their children.

Reprints in about 6 weeks

RESEARCH

(Continued from page 150)

tions that are engaged in research on children.

The scope of the research that has been reported is indicated in the table of contents. The projects are classified under six headings. These are: Behavior and Personality, Educational Process, Growth and Development, Physical Health and Disease, Pregnancy and the Perinatal [before, during, and after birth] Period, and Social, Economic, and Cultural Factors. Specific subjects are indexed alphabetically.

To continue reporting

The Clearinghouse plans to prepare, periodically, additional bulletins and supplements, based on up-to-date reports from investigators whose studies have been inventoried in the past and from new investigators who undertake research. We hope to increase the coverage continually and to increase the usefulness of the inventories by making more stringent the requirements for inclusion.

Cooperation encouraged

From the information reported on the projects, investigators may gain perspective on their own work. Also, as a result of the knowledge that they gain from the inventories about the studies being made by other workers, they may wish to communicate with one another directly to exchange ideas relating to their own research problems. Through this exchange of ideas we in the Children's Bureau expect an increase in cooperative planning and in multidisciplinary research.

One of the major objectives of the inventories is to stimulate research in areas of knowledge that have been neglected. To the Children's Bureau and to others interested in sponsoring or carrying out research concerning children, these inventories provide a basis for determining areas in which further research is needed.

In an effort to encourage interchange of ideas among research workers, the Clearinghouse is considering

the feasibility of sponsoring small conferences of active research workers in very specific areas of interest. These conferences may serve any of several purposes: Exchange of information, clarification of concepts, analysis of research needed—whatever is most valuable at a given time to foster research in the area of child life.

We seek fresh ideas

The policy of the Clearinghouse is made with the help of an advisory committee of six consultants from a variety of fields. Membership rotates so that new ideas will continue to be presented.

The members of the committee at this time are:

Dr. John E. Anderson
Director
Institute of Child Welfare
University of Minnesota
Minneapolis 14, Minn.

Dr. Ernest W. Burgess
Department of Sociology
University of Chicago
Chicago 37, Ill.

Mr. David G. French
Assistant Executive Secretary
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1 Park Avenue
New York 16, N. Y.

Dr. Willard C. Olson
Director of Research in Child
Development
University Elementary School
University of Michigan
Ann Arbor, Mich.

Dr. John W. M. Whiting
Laboratory of Human Development
Graduate School of Education
Harvard University
Cambridge, Mass.

Dr. Irving J. Wolman
The Children's Hospital of
Philadelphia
Philadelphia 46, Pa.

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50-50 PARTNERSHIP

(Continued from page 154)

improvement plan, and helped to get a bond issue to pay for it. The plan provided for a waterfront amphitheater, a stadium, parks, and playgrounds.

Again in Florida, 850 Negro students in Fort Pierce worked with adults in three shifts—morning, noon, and night—to clear a site for a Negro community center. In order to obtain the \$20,000 needed to build the center, young people and adults, both Negro and white, are holding benefits, playing ball games, and passing the hat.

In Bellows Falls, Vt., and in Acworth, N. H., boys and girls canned surplus foods during the summer for the school-lunch program. Acworth young people also raised funds for a school kitchen.

Last year, every Saturday afternoon from spring until snow, both young people and adults in Balsam Lake, Wis., worked on clearing a beach, digging out roots, carrying rock for a wall, and building the wall.

In Billings, Mont., youngsters helped adults raise \$5,000 for a receiving home for children, so as to do away with putting them in jail, and are continuing to raise money to carry it on.

Boys and girls in York, Me., joined with older people in turning an unused railroad depot into a recreation center. They have held dances and dancing classes in the center, and, with the help of a preacher, they have held an 18-week course in recreation leadership for 50 people—adults and youth.

Think of nearly 3,000 similar projects in the various cities and towns of the United States, and you will get an idea of how well American young people are responding when they are called on to take responsibility.

The clubs reporting tell us that their reports are not final ones, for the projects are only the beginning of long-term plans for community self-help in which adults and youth will continue to join in partnership.

FOR YOUR BOOKSHELF

SO YOU WANT TO ADOPT A BABY. By Ruth Carson. Public Affairs Pamphlet No. 173. Public Affairs Committee, Inc., 22 East Thirty-eighth Street, New York 16, N. Y., 1951. 32 pp. 20 cents.

"Why the baby shortage?" "What's the matter with the agencies?" "Is red tape the trouble?" These and some other questions that are asked by couples who would like to adopt a baby are answered in this pamphlet.

The author describes the place of the social agency in adoption, the protection it provides to both adoptive parents and child, and the dangers involved in taking a child without such protection. She explains why not all of "those children in institutions and foster homes" are free for adoption. For one thing, she points out, three-quarters of them are more than 6 years old, and these could not relieve the shortage of babies. And most of these older children are only temporarily away from home; nearly all have one or both parents living.

The pamphlet clears up many of the misapprehensions that cause unsound criticism of the work of adoption agencies.

I. Evelyn Smith

THE FOOD STUDY; Analyses of the Unit Cost and Nutritional Adequacy of Feeding in Thirteen Los Angeles Community Chest Children's Agencies. Prepared by Ernest Greenwood. Publication No. 10. Research Department, Welfare Council of Metropolitan Los Angeles. 1951. 80 pp. \$1.50.

This study was undertaken to supply information needed by the General Budget Committee of the Community Chest in reviewing the estimated costs of food in the children's institutions served by the Chest. The committee wished to know the range of costs of feeding children in the various institutions and whether the differences in costs were related to differences in nutritional adequacy.

The method for the study was adapted from the procedures in use for some years by the California Youth Authority. The findings were expressed in terms of the pounds of each of 20 food groups available

through purchase, donation, or home production in each of the 13 institutions and 3 day nurseries included in the study. The nutrients available per capita were calculated according to a short method and, after estimated losses in cooking had been applied in the case of certain vitamins, these nutrients were compared with the appropriate "recommended daily allowances" of the National Research Council.

Costs per child per day showed a wide variation, the highest being twice as much as the lowest. Although the institution spending the least for food did not make a favorable showing as to nutritional adequacy, some of those in the middle range provided more nutritious food than those with the highest food expenditures. Inasmuch as no attempt was made to calculate waste, there is no assurance that the food available was actually consumed by the children. Such a study, therefore, may have more meaning for budgeters than for nutritionists and other child-health workers.

Marjorie M. Heseltine

WHY CHILDREN MISBEHAVE.

One of a series of Better Living Booklets. By Charles W. Leonard, Superintendent, Illinois State Training School for Boys, St. Charles, Ill. Science Research Associates, 57 West Grand Avenue, Chicago 10, Ill., 1952. 49 pp. Single copies 40 cents; three for \$1.

"How can we handle the normal everyday misbehavior of children? How can we keep it from being serious?"

These two questions, posed on the cover of this booklet, set the reassuring tone that permeates every page of what should prove a real help to anyone who deals with any children. Once we have accepted the author's statement that "misbehavior is a normal part of the growing up process," the air is cleared of a lot of gloomy foreboding. Now we can get down to the business of trying to understand how we unwittingly set the stage for misbehavior, how different people react to and judge children's actions, and under what circumstances misbehavior becomes serious. How parents and teachers can detect, in frequent or intense misbehavior, indications of a child's emotional difficulties is suggested in one of the most significant sections of the pamphlet.

If we are unable to understand a child, or to accept his feelings; if we

impose our own hostilities on him; if we are too much concerned with "what other people will think," or if we are convinced that our way is the right and only way; then, the author says, we need to stop and ask ourselves a number of questions. Taking a good look at ourselves will often enable us to take a more constructive view of our children's behavior as a whole, and be stimulated by the satisfying, if tremendously challenging, nature of our job.

The author's wide experience, not only as superintendent of a school for delinquents but as a former director of a psychiatric child-guidance clinic, shows up in his recognition that *all* children would have a better chance for emotional health if adults added to their insight and sensitivity.

Marion L. Faegre

AN EMPLOYMENT SURVEY OF 4,014 TEXAS SCHOOL CHILDREN. By Lazelle D. Alway. National Child Labor Committee, 419 Fourth Avenue, New York 16, N. Y. Publication No. 404, November 1950. 24 pp. 50 cents.

This is an excellent presentation of the results of a study made by the National Child Labor Committee in conjunction with a study of Spanish-speaking people made by the University of Texas. Highlights of the findings are vividly shown through an imaginative use of graphic techniques.

Although the study was limited to selected cities in Texas, the findings are nonetheless valuable in helping communities in other areas to understand and meet the needs of young people who combine school with work. The report can do much to focus attention upon an aspect of youth employment that will come more and more into the limelight if recent upward trends in part-time employment of young people of high-school age continue.

Elizabeth S. Johnson

IN THE NEWS

Medical social work. Scholarships in medical social work, for second-year or third-year study at the University of Chicago's School of Social-Service Administration, are offered by the University of Illinois, Division of Services for Crippled Children,

through funds from the Children's Bureau of the Federal Security Agency.

The scholarships are available to applicants who have satisfactorily completed one year of graduate study in an accredited school of social work, who have had successful experience in case work and are interested in entering the field of public health or in teaching medical social work. The field-work placement is carried on in the University of Illinois, Chicago office of the Division of Services for Crippled Children.

Applications should be made immediately to the Dean of the School of Social-Service Administration, University of Chicago, Chicago 37, Ill.

Congenital heart disease. A special grant to aid children with congenital heart conditions in 12 Midwestern States has recently been made by the Children's Bureau.

"Blue babies" and other children with congenital heart defects that can be helped by surgery will have the chance to be operated on by experts. The highly specialized and technical services necessary for the diagnosis and treatment will be provided to children with such defects, for whom the services are not available locally.

Dr. Herbert R. Kobes, Director of the Division of Services for Crippled Children, of the University of Illinois, has completed plans for the program. The children will be hospitalized at Children's Memorial Hospital in Chicago, which is one of the country's outstanding institutions in this field of cardio-vascular surgery and where about 500 such operations have been done during the past few years. They will be under the care and supervision of doctors who are nationally recognized specialists in congenital heart disease.

This is the third in a network of such services in the country. Already in operation are regional programs for children with congenital heart defects in Connecticut and California. The Connecticut program offers services to children in some of the New England States. The California program serves children in Arizona, Idaho, Nevada, Alaska, and Hawaii.

Children in Illinois with serious heart conditions already have access to service under the State crippled children's program. Children who will be cared for under the new program may come from surrounding States, including Michigan, Ohio, Kentucky, Minnesota, Wisconsin, Indiana, North

Dakota, South Dakota, Nebraska, Iowa, Kansas, and Missouri.

A total of \$100,000 a year of Federal funds has been earmarked for financing the cost of care given children at the regional heart centers. None of this money goes directly to families. All of it is paid to State crippled children's agencies, under whose sponsorship children requiring care are sent to the heart centers.

Preliminary estimates are that surgical and hospital care and related services will cost on the average \$1,000 for each child treated. This will permit caring for about 100 children each year throughout the country.

For full geographic coverage of the entire country, studies are being made of the best locations for other programs.

Art. School children in nearly 20 countries now have a more vivid idea of how people in other countries live, as a result of an international school art program now entering its fourth year in the United States.

The program, sponsored by the American Junior Red Cross, began in 1947, when pupils in the United States and Canada sent 3,000 drawings, depicting life in their countries as they see it, to other nations. By 1950, more than 1,800 schools in the United States and Canada had submitted work to the program.

Some of the countries that have received children's art from North America through the Red Cross are Australia, Belgium, Czechoslovakia, Iran, Japan, Venezuela, and Yugoslavia. Recently, the program has begun to work in both directions, with 10 countries sending examples of their own children's art.

Fellowships offering specialized training in child psychiatry are available in a number of member clinics of the American Association of Psychiatric Clinics for Children, which have been approved as training centers by the Association. The training begins at a third-year, post-graduate level. Minimum prerequisites are graduation from medical school, a general or rotating internship, and a 2-year residency in psychiatry—all approved. The majority of these clinics have also been approved individually by the American Board of Psychiatry and Neurology for a third year of training and for an additional year of experience.

This training is in preparation for specialization in child psychiatry, and

especially for positions in community clinics devoted wholly or in part to the out-patient treatment of children with psychiatric problems. At the completion of training, attractive openings are available in all parts of the country. Fellows receive instruction in therapeutic techniques with children in out-patient settings which utilize the integrated services of the psychiatric clinic team. Most of the clinics have a 2-year training period although a few will consider giving 1-year training in special cases.

The office of the American Association of Psychiatric Clinics for Children acts as a clearing house for applicants. Application may be made through that office or directly to the individual clinics. In all cases acceptance of applicants for training is by the individual training centers.

For further information and for application forms, write to Mary C. Bentley, Executive Assistant, American Association of Psychiatric Clinics for Children, 1790 Broadway, Room 916, New York 19, N. Y.

Child labor. Of 3,465 children under 16 found by Department of Labor investigators to be employed in agriculture during school hours, two-thirds were less than 14 years of age, and 15 percent were from 5 to 9 years. The investigations were made during the year ended June 30, 1951, by the Department's Wage and Hour and Public Contracts Divisions, which are responsible for enforcing the Fair Labor Standards Act of 1938. This act, as amended in 1949, sets the minimum age for employment on farms during school hours at 16 years.

The reports on the investigations do not describe conditions on all farms in the United States, nor cover all the children who work on farms. But investigations were made in States where acreage warranted it, in crops that traditionally employ children.

Reprints of an article reporting details of these findings are available on request from the Wage and Hour and Public Contracts Divisions, U. S. Department of Labor, Washington 25, D. C.

Summer Courses

Smith College. School for Social Work. Northampton, Mass.

Graduate seminars for experienced social workers: Advanced case work, supervisory methods in social case

work, ego psychology, and case-work interpretation and writing (July 7 to 17).

Advanced study for experienced graduate case workers preparing for positions of increased responsibility and leadership. Individual programs are arranged according to the qualifications and ultimate objectives of each student (July 23, 1952, to July 29, 1953).

Candidates may be admitted for the 1952 summer session only (July 23 to August 27).

University of Denver. School of Social Work. Denver, Colo.

Workshops: Dependency and allied problems in social work; Case work with ill and handicapped people; Developing skill in supervision; and The group-work method in social work (August 18 to 22).

University of Washington. Graduate School of Social Work. Seattle 5.

Seminar in social work with children: Child-welfare case work studied in light of emotional needs of children; how foster homes and/or institutional placements help or hinder emotional development of children. Term A (June 23 to July 23).

Seminar in supervision. Term B (July 24 to August 22).

Additional courses also available.

Western Reserve University. School of Applied Social Sciences, Cleveland 6, Ohio.

Institute on intercultural and interracial relations in group work (June 13 to 16).

The third annual Marriage and Family Life Study Tour, sponsored by the National Council on Family Relations, will be held this summer. This seminar will study family life in Sweden, Finland, Denmark, Holland, France, and England.

A group of 20 selected people will sail from New York July 8 and return there September 2. Academic credit will be available from the State University of New York or Florida State University. Write to the director, Eugene P. Link, State University of New York, New Paltz, N. Y.

Many other courses and workshops in family living will be offered this summer by colleges and universities. Some of these are: Community programs in marriage and family-life education (Florida State University); Workshop in family health, for secondary teachers (Kansas State College); Work conference on the

problems of the family (Columbia University); Family-life education (Pennsylvania State College); Guidance and child behavior (Purdue University). Further information is published in recent issues of *Marriage and Family Living*, the quarterly journal of the National Council on Family Relations, 5757 South Drexel Avenue, Chicago 37, Ill.

CALENDAR

July 19 - 26. Eleventh International Dental Congress. London, England.

July 20 - 26. National Farm Safety Week. Ninth annual observance. Information from National Safety Council, 425 North Michigan Avenue, Chicago 11, Ill.

July 23 - Aug. 9. Eighteenth International Red Cross Conference. Toronto, Canada.

July 28 - Aug. 10. World Assembly of Youth. Fourth annual meeting of the Council. Dakar, Senegal, French West Africa.

Aug. 26 - 28. American Political Science Association. Forty-eighth annual meeting. Buffalo, N. Y.

Aug. 31-Sept. 2. National Council on Family Relations. New Brunswick, N. J.

Regional conferences, American Public Welfare Association:

Aug. 20-22. Mountain region. Cheyenne, Wyo.

Sept. 2-4. West Coast region. Victoria, B. C., Canada.

Oct. 9-11. Northeast region. Philadelphia, Pa.

Oct. 23 - 25. Southeast region. Charleston, W. Va.

Regional conferences, Child Welfare League of America:

Sept. 25-27. Midwest region. Des Moines, Iowa.

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Mrs. Hiram Cole Houghton

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Foreign postage—25 cents additional—must be paid on all subscriptions to countries in the Eastern Hemisphere and those sent to Argentina and Brazil. Domestic postage applies to all other subscriptions.

REPRINTS AVAILABLE

A limited number of copies of the following reprints from **The Child** are available for distribution. Single copies may be had without charge until the supply is exhausted.

A Proposal for Joint Action Against Congenital Syphilis. By Betty Huse, M.D., and W. H. Aufranc, M.D.

Psychologist Can Help in Planning for Baby's Adoption. By Helen Rome Marsh.

A Rural Community Plans for Guidance of Its Boys and Girls. By Amber Arthun Warburton.

Saving Epileptic Children. By William G. Lennox, M.D.

Schools Are a Fertile Field for Mental-Health Efforts. By Benjamin M. Spock, M.D.

So That Children Can Hear Better. By William G. Hardy and Miriam D. Pauls.

Stop Sniping at Parents. By Samuel Whitman.

To Combat Cerebral Palsy. By Donald J. Bourg, M.D.

To Restore Crippled Children. By Edwin F. Daily, M.D.

To Synchronize the Training-School Program With Life in the Community. By Richard Clendenen.

Teamwork in Texas. By Katherine Glover.

Toward the Future; 15 Years of Progress in Maternal and Child Health. By Edwin F. Daily, M.D.

We Organize a Clearinghouse for Research in Child Life. By Clara E. Councell.

West Virginia Sets Up a County Demonstration Program for Saving Premature Babies. By Hallie Isabel Morgan.

What Are the Trends in Child-Guidance Clinics? By J. Franklin Robinson, M.D.

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To Our Readers—

We welcome comments and suggestions about **The Child**.

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